

FOIA Request for Public Records

Michigan Freedom of Information Act, Public Act 442 of 1976, MCL 15.231, et seq.

foia@dhd10.org Phone: (231) 316-8570 Fax: (231) 723-1477

	FOIA Request Form								
Requestors are not required to use this form. DHD#10 may complete one for recordkeeping if not used.									
Note: If you are requesting an Environmental Health record for one property and are the owner or authorized agent of the property, you may be eligible to use the EH Record Request Form available at any DHD#10 office or www.dhd10.org, and receive a faster response.									
Requestor Please type or print									
Name					Phone				
Firm/Organization					Fax				
Street					Email				
City					State Zip				
Request for Copy Certified Copy Re					rd Inspection Subscription to record issued on regular basis				
Delivery Method Will Pick Up Mail to address above Email to address above Fax to number above								ax to number above	
					r on digital media provided by DHD#10 ed Media:				
Note: DHD#10 is not required to provide records in a digital format or on digital media if DHD#10 does not already have the technological capability to do so.									
Public Records Requested You may use this form or attach additional sheets									
Environmental Health Recor		Parcel #			County			Township	
REQUIRED INFOR	MATION	Street Addres	ress		•			City	
Other Records/Additional Information – describe as specifically as possible									
Other Records/Addit	JUHAI IIIIUI II	iation - descr	ibe as spe	ecifically as pos	sible				
Other Records/Addit	AUHAI IIIIUI II	iation - descr	npe as spe	ecifically as pos	sible				
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Other Records/Addit	.101141 111101 11	iation – descr	nbe as spe	ecifically as pos	rsible				
Other Records/Addit		action - descr	nbe as spe	ecifically as pos	rsible	Date)		
Requestor's Signature	inal and provia							at no charge	
Requestor's Signature		le copy of reque		along with Pub	<i>lic Sum</i> Receiv	mary, to Requeed Via	uestor		
Requestor's Signature Office Use Keep orig	inal and provia	le copy of reque	est form, c	ulong with Pub ue Date	Receiv	mary, to Req	uestor Fax	at no charge Mail Method	

	Consent to Non-Statutory Extension of Dhese or a subscription to records or the opportunity to inspect resear. I understand that DHD#10 must respond to this requests day extension.	ecords, pursuant to the Mi	chigan Freedo				
However, I hereby agree	and stipulate to extend DHD#10's response time for this re	quest until:		(month, day, year).			
Requestor's Signature		Dat	ie				
	Records Located on Wo ministers or maintains an official internet presence, any pub npt from any labor charges to redact (separate exempt info	olic records available to the		ic on that internet site at the			
Requestor in its written response to specific instance, must include a separate the requested public recommendation.	has reason to know that all or a portion of the requested inf that all or a portion of the requested information is available specific webpage address where the requested information ords that are available on its website from those that are no s of the public records that are available on its website.	on its website. The writter is available. On the detail	n response, to led cost itemiz	the degree practicable in the ation form, DHD#10 must			
or her in a paper format or other form use a fringe benefit multiplier greate Request for Copies/Duplication I hereby stipulate that, even if son	address for a record in its written response to the Requestor and n, including digital media, DHD#10 must provide the public recorder than the 50%, not to exceed the actual costs of providing the of Records on the DHD#10 Website ne or all of the records are located on the DHD#10 website the format I have requested above. I understand that some	Is in the specified format (if Deinformation in the specified), I am requesting that DHE)HD#10 has the ed format.	technological capability) but may			
Requestor's Signature		Dat	te				
1 0	Overtime Labor Cos	te					
Overtime wages shall not be incluced itemization form.	uded in the calculation of labor costs unless overtime is sp		requestor and	d clearly noted on the detailed			
Consent to Overtime Labor Cos I hereby agree and stipulate to DH 1. Labor to copy/dup	HD#10 using overtime wages in calculating the following lab	to redact 3b.	Contract lab				
Requestor's Signature		Dat	ie				
Request for Discount: Indigence A public record search must be made and a copy of a public record must be furnished without charge for the first \$20.00 of the fee for each request by an individual who is entitled to information under this act and who: 1) Submits an affidavit stating that the individual is indigent and receiving specific public assistance, OR 2) If not receiving public assistance, stating facts showing inability to pay the cost because of indigence. If a Requestor is ineligible for the discount, the public body shall inform the requestor specifically of the reason for ineligibility in the public body's written response. An individual is ineligible for this fee reduction if ANY of the following apply: (i) The individual has previously received discounted copies of public records from the same public body twice during that calendar year, (ii) The individual requests the information in conjunction with outside parties who are offering or providing payment or other remuneration to the individual to make the request. A public body may require a statement by the requestor in the affidavit that the request is not being made in conjunction with outside parties in exchange for payment or other remuneration.							
I am submitting an affidavit and re	questing that I receive the discount for indigence for this FC	DIA request.					
Requestor's Signature		Dat	:e				
Office Use	Affidavit Received	Eligible for Discour	nt	Ineligible for Discount			
Request for Discount: Nonprofit Organization A public record search must be made and a copy of a public record must be furnished without charge for the first \$20.00 of the fee for each request by a nonprofit organization formally designated by the state to carry out activities under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 and the Protection and Advocacy for Individuals with Mental Illness Act, if the request meets ALL of the following requirements: (i) Is made directly on behalf of the organization or its clients. (ii) Is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931. (iii) Is accompanied by documentation of its designation by the state, if requested by CMDHD I stipulate that I am a designated agent for the nonprofit organization making this FOIA request and that this request is made directly on behalf of the organization or its clients and is made for a reason wholly consistent with the mission and provisions of those laws under section 931 of the Mental Health Code, 1974 PA 258, MCL 330.1931.							
Requestor's Signature	,	Dat		,			
Office Use	Documentation of State Designation Received	Eligible for Discour	nt	Ineligible for Discount			